

## Funeral and Cemetery Complaint

You can use this form to file a complaint against a service provider or professional licensee. If you have any questions, call (360) 664-6652.

Fax your complaint and the required enclosures to (360) 570-7098, email to [DFCCCompliance@dol.wa.gov](mailto:DFCCCompliance@dol.wa.gov), or mail to:

**Funeral and Cemetery Board**  
**Department of Licensing**  
**PO Box 9012**  
**Olympia WA 98507-9012**

Enclose the following:

- A detailed explanation of your complaint; this must include dates, other parties involved, and a summary of any efforts you have already made to resolve the problem. Describe events in the order they occurred.
- Copies of all documents that relate to the complaint.

### Business or person you are filing a complaint about

<b>PRINT or TYPE</b> Profession or type of business			
<input checked="" type="checkbox"/> Funeral establishment		<input type="checkbox"/> Embalmer	
<input checked="" type="checkbox"/> Funeral director		<input checked="" type="checkbox"/> Cemetery	
Service provider or professional licensee name (Last, First, Middle)			License number (if known)
CAPONE, IFE			
Business name			
WOODLAWN FUNERAL HOME AND CEMETARY			
(Area code) Telephone number and extension		(Area code) Fax number	email or web address
(360) 491-3000			WOODLAWN-FUNERALHOME.COM
Business address			
5930 MULLEN RD SE			
City		State	ZIP code
LACEY		WA	98503

### Your contact information

Name (Last, First, Middle)		
CHRAPCZYNSKI, KEITH, BENJAMIN		
Business name (if any)		
(Area code) Telephone number and extension	(Area code) Alternate telephone number	email address
Mailing address		
City		State
ESCONDIDO		CA
		ZIP code
		92027

### Complaint summary

State your complaint in a short sentence or phrase
My Mother Elise Chrapczynski died 3.11.13. We contracted with Woodlawn Funeral Home to cremate my mom, provide a catholic priest, and to provide and arrange for funeral services. We held a service for my mom on Friday 3.15. 13, which happened to also be my parents 61st wedding anniversary. It was important for us that her remains be available to us at the service. Family attended from throughout the United States, the service was held and we took her remains home with us. On Monday, 3.18.13, Ife Capone began calling my father and me saying they wanted to come over and inspect the urn. She wouldnt say why. This morning, 3.19.13, she disclosed they think we have the wrong remains. 1 of 2

The information I have provided above is true and correct, and I have provided all required enclosures to which I have access.

**X**

Signature

Date

3.19.13

Once filed, this becomes a public record and is subject to public disclosure. RCW 42.56

## Funeral and Cemetery Complaint

You can use this form to file a complaint against a service provider or professional licensee. If you have any questions, call (360) 664-6652.

Fax your complaint and the required enclosures to (360) 570-7098, email to [DFCCCompliance@dol.wa.gov](mailto:DFCCCompliance@dol.wa.gov), or mail to:

**Funeral and Cemetery Board**  
**Department of Licensing**  
**PO Box 9012**  
**Olympia WA 98507-9012**

Enclose the following:

- A detailed explanation of your complaint; this must include dates, other parties involved, and a summary of any efforts you have already made to resolve the problem. Describe events in the order they occurred.

### Business or person you are filing a complaint about

PRINT or TYPE Profession or type of business		
<input checked="" type="checkbox"/> Funeral establishment	<input type="checkbox"/> Embalmer	
<input checked="" type="checkbox"/> Funeral director	<input checked="" type="checkbox"/> Cemetery	
Service provider or professional licensee name (Last, First, Middle)		License number (if known)
CAPONE, IFE		
Business name		
WOODLAWN FUNERAL HOME AND CEMETARY		
(Area code) Telephone number and extension	(Area code) Fax number	email or web address
(360) 491-3000		WOODLAWN-FUNERALHOME.COM
Business address		
5930 MULLEN RD SE		
City	State	ZIP code
LACEY	WA	98503

PAGE 2 OF 2

### Your contact information

Name (Last, First, Middle)		
CHRAPCZYNSKI, KEITH, BENJAMIN		
Business name (if any)		
(Area code) Telephone number and extension	(Area code) Alternate telephone number	email address
Mailing address		
City	State	ZIP code
ESCONDIDO	CA	92027

### Complaint summary

State your complaint in a short sentence or phrase

Later in that evening, we got a call from someone named Ken Cheney who also said he was also from Woodlawn. Because I had given my dad and me a New York cell phone number, I assumed this was a horrible hoax or scam and refused to talk to Ken explaining that I would only speak to someone in the funeral homes office during normal business hours. When speaking with IFE this morning she indicated that (Beth) the person handling our arrangement appears to have put the wrong remains in the urn. When asked she said Beth was new. I asked if someone supervised her during the process and she said "no" we can't micro manage our employees. They terminated Beth as a result.

Signature

Date

3-18-13

Once filed, this becomes a public record and is subject to public disclosure. RCW 42.56